**ST CLEMENT OF ROME PARISH, BULLEEN**

**BAPTISM FORM**

Date/Time of Baptism Date/Time of Welcome Mass

Child’s Full Name

Gender Date of Birth Place of Birth

Celebrant

Father’s Name Religion

Please indicate which of the following sacraments you have received (insert **X** in the box) :

Baptism Reconciliation (Confession) Holy Communion Confirmation

Mother’s Name (Maiden) Religion

Baptism Reconciliation (Confession) Holy Communion Confirmation

If you attend Mass here at St Clement’s, please indicate which Mass time:

Saturday 5.30pm Sunday 9am Sunday 11am (Italian)

Where Married (Church) (Suburb)

Home Address Post Code

Telephone (Home) (Mobile)

Email :

As parents, we realize that by requesting to have our child baptised we are committing ourselves to bring him/her up according to the Catholic Faith and therefore, we renew our commitment to attending Holy Mass each Sunday (or Saturday evening)

Father (Signature) Mother (Signature)

Godparents are to be practising Catholics at least 16 years of age who have received the Sacrament of Confirmation. They may not be the parents of the child. One godparent is sufficient, two is the normal maximum number.

Godfather’s Name Religion

Please indicate which of the following sacraments you have received :

Baptism Reconciliation (Confession) Holy Communion Confirmation

Godmother’s Name Religion

Baptism Reconciliation (Confession) Holy Communion Confirmation

* Please provide proof of parent’s baptism
* Permission letter from the local parish if not a member of St Clement of Rome Parish